## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

01/02/2004

Dennis H. Rainear 13400 College Valley Lane Richmond, VA 23233



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Certificate of Mailing or Transmission

I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

BETIS EARNEST	(Depositor's name)
Peth Earnest	(Signature)
1-22-04	(Date)

FIRST NAMED INVENTOR CONFIRMATION NO. APPLICATION NO. FILING DATE ATTORNEY DOCKET NO. 09/808,826 03/16/2001 Dhyaneshwar B. Chawan

TITLE OF INVENTION: FOOD COMPOSITION AND METHOD FOR TREATING TYPE-2 DIABETES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	E .	PUBLICATION FEE	TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	, <b>S</b>	965	04/02/2004
EXAM	MINER	ART UNIT	r l	CLASS-SUBCLASS			
WEDDINGT	ON, KEVIN E	1614		514-060000	·		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		orrespondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Heartland Health Solutions, LLC

Brentwood, TN

lease check the appropriate assignee category or category	ories (will not be printed on the patent);	☐ individual		or other private group entity	
a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			cashier's check N	Vo,005428
Issue Fee	A check in the amoun	t of the fee(s)	is enclosed.	Tennessee Cum	merce Bank
Publication Fee	☐ Payment by credit car	d. Form PTO-	2038 is attached	•	
Advance Order - # of Copies	The Director is herel Deposit Account Number	by authorized or 50/896	by charge the re	equired fee(s), or credit any enclose an extra copy of this	overpayment, to form).
Director for Patents is requested to apply the Issue Fee	and Publication Fee (if any) or to re-apply ar	y previously p	oaid issue fee to t	he application identified above	ve.

Authorized Signature)	6/1	Paire	(Date)	1/22/0	4
NOTE; The Issue Fee				ccepted from ar	ıýor

other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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01/28/2004 FFANAIA3 00000013 09808826

01 FC:2501 02 FC:1504 665.00 OP 300.00 GP



## TRANSMITTAL

plication of:

Heartland Health Solutions, LLC)

Serial Number:

09/808,826

Examiner: Kevin E. Weddington

Filed: 03/16/2001

Art Unit: 1614; Confirmation No.: 5637

For:

FOOD COMPOSITION AND METHOD FOR

**TREATING TYPE-2 DIABETES** 

## CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that that the complete patent application stapled hereto and identified below is being deposited by me with the United States Postal Service as first-class U.S. Mail on January 22, 2004, with sufficient postage in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Mail Stop Issue Fee Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is the issue fee for the above case, including the following:

Transmittal, with fee calculation Issue Fee Transmittal, PTOL-85 Tennessee Commerce Bank Check No. 005428 in the amount of \$965.00 (Issue Fee of \$665.00 and Publication Fee of \$300 for Nonprovisional Small Entity - U.S. Patent Application No. 09/808,826) Return Postcard

The Commissioner is hereby authorized to charge any deficiencies in fees associated with this communication or credit any overpayment to Deposit Account No. 501890. A duplicate copy of this sheet is attached.

Respectfully submitted,

Dennis H. Rainear, Reg. No. 32,486

13400 College Valley Lane Richmond, VA 23233

Date: January 22, 2004

Commerce Bank

No.005428

:MITTER

Πi

**VOID AFTER 90 DAYS** 

ARTLAND HEALTH SOLUTIONS	DATE01/15/04	<i>.</i> .
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